| osi | ITION APPLIED FOR: | | | |
|-----|--|---|---|-------------------|
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| IAN | ME LAST | FIRST | MI | _ |
| ADI | DRESS | | | |
| CIT | TY, STATE & ZIP CODE | | | |
| TEL | LEPHONE: | SSN: | | |
| Α. | Are you 18 years of age or older? | <u>-</u> | Yes | No |
| 3. | Can you, after employment, prove your legal | ployment, prove your legal right to work in the U.S.? | | No |
| C. | May we contact your present or last employer? If your answer is "No", e "Remarks" Section below. | | er is "No", explain in tl Yes | he No |
| | NOTE: If you respond "Yes" to any of the follow "Remarks" section below. A "Yes" answer to automatically disqualify your application; how information may be cause for disqualification employment. | o any of the following wever, failure to provide | questions (D - H) will nide complete and accura | ot a <i>te</i> |
| D. | Do you have any relatives employed by the C | City of El Monte? | Yes | No |
| E. | Have you ever been convicted of a felony or m Note that drunk driving, hit and run, reckless d violations. | | | |
| F. | Have you ever been discharged or forced to re | esign from <i>any</i> positio | on? Yes | No |
| G. | Have you ever worked or attended school und | der any name other th | nan the one listed above Yes | ? No |
| | | | | |

The City of El Monte is dedicated to workforce diversity. Qualified minorities, women and disabled persons are encouraged to apply. Disabled applicants may contact the Human Resources Office for assistance during the selection process.

Please visit our Website: www.ci.el-monte.ca.us

| EDUCATION: Circle the highest grade level of education that y 8 9 10 11 12 13 | ou have completed 14 15 16 17 18 19 20 |
|---|---|
| Diplomas, Certificates & Degrees Completed | Major Course of Study |
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| | northand speed. Attach a copy of a certified clerical test issued within ncy. Include information about your level of computer skill. List any ently. |
| Typing Speed: | Shorthand Speed: |
| Computer programs used and level of skill: | |
| Languages (other than English) in which you are fluent: | |
| periods of unemployment. If you need more space, attach and substitute for a complete and accurate application. | d sign additional sheets and use the same format. A resume will no |
| Name of Employer: | |
| Address of Employer: | |
| Dates of Employment: | No. of people you supervised: |
| Title & Duties: | |
| | |
| Owner in ada Nama O Dhana Na | |
| Supervisor's Name & Phone No.: | Current or Final Monthly Days |
| Reason for Leaving: | Current or Final Monthly Pay: |
| Name of Employer: | |
| Address of Employer: | |
| Dates of Employment: | No. of people you supervised: |
| Title & Duties: | |
| | |
| | |
| Supervisor's Name & Phone No.: | |

| Reason for Leaving: | Final Monthly Pay: |
|--------------------------------|-------------------------------|
| Name of Employer: | |
| Address of Employer: | |
| Dates of Employment: | No. of people you supervised: |
| Title & Duties: | |
| | |
| | |
| Supervisor's Name & Phone No.: | |
| Reason for Leaving: | Final Monthly Pay: |
| | |
| Name of Employer: | |
| Address of Employer: | |
| Dates of Employment: | No. of people you supervised: |
| Title & Duties: | |
| | |
| | |
| Supervisor's Name & Phone No.: | |
| Reason for Leaving: | Final Monthly Pay: |
| | |
| Name of Employer: | |
| Address of Employer: | |
| Dates of Employment: | No. of people you supervised: |
| Title & Duties: | |
| | |
| | |
| Supervisor's Name & Phone No.: | |
| Reason for Leaving: | Final Monthly Pay: |
| | |
| Name of Employer: | |
| Address of Employer: | |
| Dates of Employment: | No. of people you supervised: |
| Title & Duties: | |
| | |
| | |
| Supervisor's Name & Phone No.: | |
| Reason for Leaving: | Final Monthly Pay: |

| Describe any relevant skills that you possess. Include any special licenses, credentials, certificates or technical training. State any additional information you feel might be useful during the selection process. |
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| CERTIFICATION - PLEASE READ AND SIGN THE FOLLOWING STATEMENT |
| CEKTIFICATION - PLEASE KEAD AIND SIGN THE FULLOWING STATEMENT |
| I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. |
| I hereby authorize the City of El Monte to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize my former employers to disclose to the City any and all letters, reports and other information related to my work records and any and all other pertinent information, including personal or otherwise, without giving me prior notice of such disclosure. In addition, I hereby release the City, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. |
| Signature Date |
| |
| PLEASE DO NOT WRITE BELOW THIS LINE |

| OTHERS' QUALIFICATIONS | OVERALL SCORE: |
|------------------------------------|-----------------|
| EMPLOYMENT | BAND NUMBER: |
| EDUCATION, TRAINING, CERTIFICATION | COMMENTS: |
| INCOMPLETE | INITIALS & DATE |

LATE

OTHER: